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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/618.119 Application Number FEE TRANSMITTA Filing Date 07/11/2003 For FY 2006 Kelly Hudson First Named Inventor **Examiner Name** Metzmaier, Daniel S. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1712 TOTAL AMOUNT OF PAYMENT 450.00 H147 1020.2 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None 1 Other (please identify): Deposit Account Name: Womble Carlyle Sandridge & Rice, PLLC Deposit Account Deposit Account Number: 09-0528 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **SEARCH FEES FILING FEES EXAMINATION FEES Small Entity Small Entity Small Entity** Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 500 200 150 100 250 200 Design 100 130 100 50 65 Plant 200 100 300 150 160 80 Reissue 300 500 150 250 600 300 Provisional 200 0 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) 50 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims Multiple Dependent Claims** Fee (\$) Fee Paid (\$) 41 - 20 or 32 = 9 Fee (\$) Fee Paid (\$) 25 HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) 8 - 3 or 8 = 0 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or fraction thereof Extra Sheets Fee Paid (\$) \_ / 50 = \_\_\_\_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): two month extension fee \$225.00

| SUBMITTED BY      |                   |  |                        |
|-------------------|-------------------|--|------------------------|
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| Name (Print/Type) | Keats A. Quinalty |  | Date /2/13/06          |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.